PART B—ISSUE FEE TRANSMITTAL	
Assista	SUE FEE ant Commissioner for Pater. • 601 - 30  AU ON 12 7 98
MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Fatent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.  Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.  Certificate of Mailing	
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block in SHERIDAN ROSS (AND MOINTOS) P.C. 1700 LINCOLN STREET SHITE 3500	
08/343,686)	6 1998 CONSTANCE ROBERT (Depositor's name)  (Depositor's name)  (Signature)  (Date)
APPLICATION 0343, 68% FILING DATE 1/94 TOTAL CHAIMS LANK FEXAMINER AND GROUP ART UNIT 1651 DATE MAILED 4/98	
KELLER, GC	IRDON M.
First Named Applicant NOVEL EMBRYONIC CELL POPULATIONS AND METHODS TO ISOLATE SUCH	
TITLE OF POPULATIONS	11270
INVENTION 12/08/1998 DCUATES 00000034 08343686	01 FP 7242
01 FC:242 605.00 OP	92 FC: Jb1
02 FC:561 30.00 0P ATTYS DOCKETNO7926 CLASS-SUBCCASS ZEATCHING.	APPUN TYPE TELEMAN ENTITY YES FEE DOESO DATE DUE 24/88
435/325.000	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).     Use of PTO form(s) and Customer Number are recommended, but not required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2)
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	the name of a single firm (having as a member a registered attorney or agent) 2 and the names of up to 2 registered patent
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.	attorneys or agents. If no name is listed, no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print	or type) 4a. The following fees are enclosed (make check payable to Commissioner
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear or Inclusion of assignee data is only appropriate when an assignment has been previously the PTO or is being submitted under separate cover. Completion of this form is NOT a	submitted to
filing an assignment.	Advance Order - # of Copies
(A) NAME OF ASSIGNEE National Jewon Center for in locy & Respiratory Medicine	4b. The following fees or deliciency in these fees should be charged to:
(B) RESIDENCE: (CITY & STATE OR COUNTRY) Device Colorado	DEPOSIT ACCOUNT NUMBER 19-1970 (ENCLOSE AN EXTRA COPY OF THIS FORM)
Please check the appropriate assignee category indicated below (will not be printed on individual vorporation or other private group entity in government	I issue Fee
The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue	Advance Order - # of Copies
(Authorized Signalure)  (Authorized Signalure)  (Date)	11/Refund Ref:
NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registe or agent; or the assignee or other party in interest as shown by the records of the Patent a Trademark Office.	red attorney 05/1998 DCDATES 0000069551
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Tirdepending on the needs of the individual case. Any comments on the amount of tin to complete this form should be sent to the Chief Information Officer, Patent and Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORM ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Contents, Washington D.C. 20231	ne required Trademark
Under the Panerwork Reduction Act of 1995, no persons are required to response	·

PART B—ISSUE FEE TRANSMITTAL

of information unless it displays a valid OMB control number.